

# MEMORANDUM

November 4, 2020

TO: Sheets & Crossfield  
Attn: Lisa Dworaczyk

FROM: Laurie Miller

SUBJECT: Parcel 44 – Grace Hernandez  
Project: CR 111

Request Payment – Move of Personal Property – Grace Hernandez

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It is requested that the attached submission for be handled on a normal basis. In support of this request, please find the following:

- (√) **Form ROW-R-99, Claim for Reimbursement of Moving Expenses**
- (√) **W-9**
- (√) **Grace Hernandez Time Log**
- (√) **Certification of Eligibility**
- (√) **Photo's Before and After Move**

**Additional Comments:**

**Mrs. Hernandez and family sorted and went through the personal property when the commercial mover was on site. She and her family moved items to the local landfill to make room for the other items on site that needed to be moved across the yard. Mrs. Hernandez would like to be compensated for her and her families' time.**

**I called three (3) local movers to find out what they pay their employees hourly to move and I added the three rates together and the average rate came out to \$12.75 an hour.**

**The attached packet is a Request for payment for Grace Hernandez Payment of \$255.00.**

We approve and recommend that the attached submission be processed at your earliest convenience. If additional information is needed, please contact Laurie Miller of this office at (512) 413-4012.

  
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Laurie Miller, R/W-NAC, R/W-URAC



### CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Grace Hernandez		Parcel No: 44 DE		County: Williamson
		ROW CSJ: N/A		Project No.: CR 111
<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Other - Shed				
2. Address of Property Acquired by State: 1200 CR 105, Hutto, TX 78634 Claimant's Telephone No: 512-761-2299			3. Address Moved To: Personal Property Moved to Remainder of Property	
4. Occupancy of Property Acquired by State: From (Date): May 2013			5. Distance Moved: 32 feet	
To (Date of Move): Still Occupy Property			7. Mover's Name Address:	
<input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant				
6. Controlling Dates				
	Mo.	Day	Yr.	
a. First Offer in Negotiation	05	22	2019	
b. Date Property Acquired	12	17	2019	
c. Date Required to Move	02	15	2020	
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A				
Place Stored (Name and Address): N/A				
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A				
		9. Amount of Claim:		
a. Moving Expenses		\$255.00		
b. Reestablishment Expenses		\$		
c. Searching Expenses		\$		
d. Tangible Property Loss		\$		
e. Storage		\$		
f. Temporary Lodging		\$		
g. Total Amount		\$255.00		
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
_____ Claimant				
Date of Claim: 11-4-20				
_____ Claimant				
Spaces Below to be Completed by State				
I certify that I have examined this claim and substantiating documentation attached herewith and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:				
Amount of \$ 255.30				
Date _____			Williamson, County	



